

STATE OF UTAH
TO THE LOCAL MENTAL HEALTH AUTHORITY

COUNTY

Child

**PETITION FOR COMMITMENT
OF PHYSICAL CUSTODY TO LOCAL
MENTAL HEALTH FACILITY**

Residential County

I, _____, a responsible person who has reason to know of
the conditions or circumstances of the child which lead to the belief that said child is mentally ill
and should be committed to the physical custody of _____,
Local Mental Health Authority

pursuant to the provisions of UCA 62A-15-703(4) (2003).

Such belief is based upon personal knowledge of the following facts:_____

DATED this _____ day of _____, 20_____.

Person submitting petition

Relationship to child

Address

Phone

Instructions: "A child may receive services from a local mental health authority in an inpatient or residential setting only after a commitment proceeding, for the purpose of transferring physical custody, has been conducted in accordance with the requirements of this section. That commitment proceeding shall be initiated by a petition for commitment..." UCA 16A-15-703(1)(2)

STATE OF UTAH

NOTICE OF COMMITMENT OF PHYSICAL CUSTODY HEARING TO LOCAL MENTAL HEALTH AUTHORITY

TO:

Child

Parent/Legal Guardian

Person who submitted petition

MHC Representative

In accordance with Utah Code Annotated 62A-15-703 (5)(b), you are hereby informed of a commitment proceeding to determine if _____ meets the criteria
Child
required for commitment of physical custody* to _____.
Local Mental Health Authority

This commitment proceeding will be held on:

_____, 20_____, at: _____ a.m./p.m.
Date Time

and will be held at: _____
Address and Room Number

You shall be afforded an opportunity to attend this proceeding and address the petition for commitment.

If you have any questions, please contact: _____
Name Number

Person(s) to be notified:

Child

Parent/Legal Guardian

Person who submitted petition

MHC Representative

*Physical custody means: (a) placement of a child in any residential or inpatient setting; (b) the right to physical custody of a child; (c) the right and duty to protect the child; and (d) the duty to provide, or insure that the child is provided with adequate food, clothing, shelter, and ordinary medical care." UCA 62A-15-701

Instructions: "The child, the child's parent or legal guardian, the person who submitted the petition for commitment, and a representative from the appropriate local mental health authority shall all receive informal notice of the date and time of the proceeding. Those parties shall also be afforded an opportunity to appear and to address the petition for commitment." 62A-15-703(5)(b) (2003)

STATE OF UTAH
COMMITMENT OF PHYSICAL CUSTODY
TO LOCAL MENTAL HEALTH AUTHORITY
PROCEEDING

I, the undersigned, hereby certify that I am an authorized neutral and detached fact finder, designated by the Division of Substance Abuse and Mental Health.

On the _____ day of _____ 20____, I did conduct a commitment proceeding for _____*, to determine if said child meets the
Child
criteria established by UCA 62A-15-703(4).

FINDINGS: (mark all applicable)

☐ the child has a mental illness, as described in UCA 62A-15-602(8):

Basis for decision: _____

☐ the child demonstrates a risk of harm to himself or others:

Basis for decision: _____

☐ the child is experiencing significant impairment in his ability to perform socially:

Basis for decision: _____

☐ the child will benefit from care and treatment by the local mental health authority; and

Basis for decision: _____

☐ there is no appropriate less-restrictive alternative.

Basis for decision: _____

IT IS ORDERED that _____, be committed to the physical custody
Child

of _____, for a temporary period of _____,
Local Mental Health Authority (does not exceed 6 months)

unless discharged sooner by proper authority.

OR

IT IS ORDERED that the petition for the commitment of _____
Child

be dismissed.

DATED this _____ day of _____ 20_____.

Neutral and Detached Fact Finder

*"The fact finder may allow the child to waive his right to be present at the commitment proceeding, for good cause shown. If that right is waived, the purpose of the waiver shall be made a matter of record at the proceeding." UCA 62A-15-703(5)(d)

Instructions: "A child may receive services from a local mental health authority in an inpatient or residential setting only after a commitment proceeding, for the purpose of transferring physical custody, has been conducted in accordance with the requirements of this section. That commitment proceeding shall be initiated by a petition for commitment, and shall be a careful, diagnostic inquiry, conducted by a neutral and detached fact finder. If the findings described in Subsection (4) exist, the proceeding shall result in the transfer of physical custody to the appropriate local mental health authority, and the child may be placed in an inpatient or residential setting." UCA 62A-15-703(1)(2)

"The neutral and detached fact finder's decision of commitment shall state the duration of the commitment. Any commitment to the physical custody of a local mental health authority may not exceed 180 days." UCA 62A-15-703(5)(g)

"When a decision for commitment is made, the neutral and detached fact finder shall inform the child and his parent or legal guardian of that decision, and the reasons for ordering commitment at the conclusion of the hearing, and also in writing. The neutral and detached fact finder shall state in writing the basis of his decision, with specific reference to each of the criteria described in Subsection (4), as a matter of record." UCA 62A-15-703 (5)(g)(ii)(iii)

**STATE OF UTAH
EMERGENCY APPLICATION FOR COMMITMENT OF CHILD
WITHOUT CERTIFICATION
TO PHYSICAL CUSTODY OF LOCAL MENTAL HEALTH AUTHORITY**

_____, 20_____

To The Director:

I, _____, a duly authorized mental health or peace officer have observed
_____, in conduct which leads me to believe that there is probable cause that the
Child
above-named child is mentally ill and that there is a substantial likelihood of serious harm to self or others unless
taken into custody pending proceedings for examination and certification. I hereby make application for commitment
of said child to _____.
Local Mental Health Authority

Said child was taken into protective custody under the following circumstances:

a) Statement of facts which called the child to the attention of the officer: _____

b) Specific nature of the
danger: _____

c) Summary of the observations upon which the statement of danger is based: _____

Names and addresses of persons to be notified of placement into custody:

Parent/Legal Guardian:

Address

Phone

Other (specify relationship to child):

Address

Phone

Mental Health/Peace Officer Signature

Address

Phone

INSTRUCTIONS

UCA 62A-15-703(6): "... a child may be temporarily committed to the physical custody of a local mental health authority only in accordance with the emergency procedures described in Subsection 62A-15-629 (1) or (2). A child temporarily committed in accordance with those emergency procedures may be held for a maximum of 72 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, the child shall be released unless the procedures and findings required by this section have been satisfied."

(side 2 of 2 sided form--**print on pink**)

**STATE OF UTAH
EMERGENCY APPLICATION FOR COMMITMENT OF CHILD
WITH CERTIFICATION
TO PHYSICAL CUSTODY OF LOCAL MENTAL HEALTH AUTHORITY**

_____, 20_____

To The Director:

I, _____, residing at _____,
State of _____, hereby request the commitment of _____
Child
age _____, located at: _____, to the physical custody of
Address of child

Local Mental Health Authority

I believe that said child is likely to cause serious injury to self or others if not immediately restrained. Personal

knowledge of the child's condition or circumstances which lead to this belief

are: _____

Names and addresses of persons to be notified of placement into custody:

Parent/Legal Guardian:

Address Phone

Other (specify relationship to child):

Address Phone

Applicant Signature/Title

Address Phone

**CERTIFICATE FOR COMMITMENT OF CHILD
TO
PHYSICAL CUSTODY OF LOCAL MENTAL HEALTH AUTHORITY**

I, _____, do hereby certify that I am a licensed physician
or a designated examiner appointed by the Division of Substance Abuse and Mental Health and
that I have examined _____ within a three-day period

Child

immediately preceding this certification and that I am of the opinion that said child is mentally
ill and because of his mental illness is likely to injure self or others if not immediately restrained.

I base my opinion on the following: _____

DATED this _____ day of _____ 20 _____.

Signature/Title

Address

Phone

Instructions: UCA 62A-15-703(6): "... a child may be temporarily committed to the physical custody of a local mental health authority only in accordance with the emergency procedures described in Subsection 62A-15-629 (1) or (2). A child temporarily committed in accordance with those emergency procedures may be held for a maximum of 72 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, the child shall be released unless the procedures and findings required by this section have been satisfied."